Name:	(Last)	(First)	(MI)	(Last 4 Digits of Social Se	ecurity No.)
Harris Address	(=1134)	(	()	(==== : = :g== = : = :== = :	<b>,</b> ,
Home Address: —			(Number/Street)		
	(City)		/9	State) (Zi	in)
	(Ghy)		(~	itale) (Zi	( <del>)</del> )
Work Address: —	(Agenc	y) *	(Routi	ng Symbol) (Grade,	/Rank)
	(Building)		(Room Number)	(Phone Nu	mber)
* If an employee of the <b>U</b>	NITED STATES COAST GU	ARD, check the following	g: approp	oriated non-appropriated emp	oloyee
MODE OF TRANSP	ORTATION CURRENT	TLY USED FOR CO	OMMUTING:		
Drive Alone	Transit (R	ail)	Commuter (Rail)	Other	
Carpool/Vanpool			Commuter (Bus)	0.1101	
	Transit (B	—	Commuter (Bus)		
NAMED ON A WORKSI PUBLIC TRANSPORTA TRANSFER IT TO ANYO	TE PARKING PERMIT WITH TION FARE BENEFIT, WILL DNE ELSE. IN ADDITION, I	I DOT OR ANY OTHER BE USING IT FOR MY CERTIFY THAT THE N	FEDERAL AGENCY. DAILY COMMUTE TO MONTHLY TRANSIT BI	NT OF TRANSPORTATION AND A I ALSO CERTIFY THAT I AM ELIGII AND/OR FROM WORK, AND WILL ENEFIT I AM RECEIVING DOES NO TING BY PUBLIC TRANSPORTATI	BLE FOR A NOT OT
FALSE, FICTITIOUS, OF TITLE 18, UNITED STATE	R FRAUDULENT CERTIFICA	ATION MAY RENDER 1 CIVIL PENALTY ACTION	THE MAKER SUBJECT ON PROVIDING FOR A	F THE UNITED STATES AND MAK TO CRIMINAL PROSECUTION UN DMINISTRATIVE RECOVERIES O ISMISSAL.	NDER
	(Appl	licant Signature)		(Date)	
failure to do so may resul of your request, to ensure	t in disapproval of your reques your eligibility, and to preven ou are not listed as a carpool	st for a public transit fare it misuse of the funds in	benefit. The purpose of volved. This information	he information on this form is volunta this information is to facilitate timely will be matched with lists at other Fe m of vehicle worksite parking permit	processing deral
Accounting Classif	ication:				
Approved for Availability of Fund (Not to exceed \$60.00 pe					
				<b>e e</b>	
(Operating Adn	ninistration)	(Transit Provi	ider(s))	(Monthly Cost) (Annua	alized Cost)
(Signature of Appr	oving Official)	(Printed Name of Ap	proving Official)	(Building & Room Number) (Rot	uting Symbol
Servicing Account	ng Office: —	(Routing Sy	mbol)	(Building & Room Numbe	er)
TRANSIT BENEFIT	OFFICE ACTION:				
Approved:					
(Signati	ure)		(Printed Name)	(Date)	
Disapproved:					
(Signati	ure)		(Printed Name)	(Date)	

DOT F 1700.18A (Rev. 1/93) TRANSIT BENEFIT COPY

Name: ———	(Last)	(First)	(MI)	(Last 4 Digits	of Social Security No.)
Home Address:			(Alcondon (Otros 4)		
			(Number/Street)		
	(City)		(\$	State)	(Zip)
Work Address: ——	(Agency)	*	(Rout	ing Symbol)	(Grade/Rank)
	(Building)		(Room Number)	)	(Phone Number)
* If an employee of the UNI	TED STATES COAST GUA	RD, check the following	approp	oriated non-appr	opriated employee
MODE OF TRANSPO	RTATION CURRENTI	Y USED FOR CO	MMUTING:		
Drive Alone	Transit (Ra	il)	Commuter (Rail)	Other _	
Carpool/Vanpool	Transit (Bu	<u> </u>	Commuter (Bus)		
NAMED ON A WORKSITE PUBLIC TRANSPORTATIO TRANSFER IT TO ANYON	ON: I HEREBY CERTIFY T PARKING PERMIT WITH I DN FARE BENEFIT, WILL E E ELSE. IN ADDITION, I C IONTHLY COMMUTING CO	OOT OR ANY OTHER I BE USING IT FOR MY I CERTIFY THAT THE M	FEDERAL AGENCY. DAILY COMMUTE TO ONTHLY TRANSIT BI	I ALSO CERTIFY THAT AND/OR FROM WORK ENEFIT I AM RECEIVIN	I AM ELIGIBLE FOR A I, AND WILL NOT IG DOES NOT
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	(Applic	ant Signature)			(Date)
failure to do so may result in of your request, to ensure your	s information is solicited unden disapproval of your request our eligibility, and to prevent are not listed as a carpool of	for a public transit fare I misuse of the funds invo	benefit. The purpose of olved. This information	f this information is to fact will be matched with lists	ilitate timely processing at other Federal
Accounting Classific	ation:				
Approved for Availability of Funds (Not to exceed \$60.00 per n					
(Operating Admini	stration)	(Transit Provid	ler(s))	(Monthly Cost)	\$(Annualized Cost)
(Signature of Approvi	ing Official)	(Printed Name of Appl	roving Official)	(Building & Room Num	ber) (Routing Symbol)
					_
Servicing Accounting	g Office: —	(Routing Sym	abol)	(Building & F	Room Number)
TRANSIT BENEFIT O	FFICE ACTION:				
Approved:					
(Signature	)		(Printed Name)	(E	Pate)
Disapproved:					
(Signature	)		(Printed Name)	(E	Pate)

DOT F 1700.18A (Rev. 1/93)

SERVICE ACCOUNTING OFFICE

Name:	(Last)	(First)	(MI)	(Last 4 Digits	of Social Security No.)
Home Address: —		(Numh	er/Street)		
		(Numb	en sueeu		
	(City)		(State	e)	(Zip)
Work Address: ——	(Agency) *		(Routing S	Symbol)	(Grade/Rank)
	(Building)		(Room Number)		(Phone Number)
* If an employee of the UN	ITED STATES COAST GUARD,	, check the following:	appropriat	ed non-appro	priated employee
MODE OF TRANSPO	ORTATION CURRENTLY	USED FOR COMMU	TING:		
Drive Alone	Transit (Rail)	Com	nuter (Rail)	Other	
Carpool/Vanpool	Transit (Bus)	Comr	nuter (Bus)		
NAMED ON A WORKSITI PUBLIC TRANSPORTATI TRANSFER IT TO ANYO	TION: I HEREBY CERTIFY THA E PARKING PERMIT WITH DO' ON FARE BENEFIT, WILL BE UNE ELSE. IN ADDITION, I CER MONTHLY COMMUTING COST	T OR ANY OTHER FEDER JSING IT FOR MY DAILY TIFY THAT THE MONTHI	RAL AGENCY. I AL COMMUTE TO AN LY TRANSIT BENE	SO CERTIFY THAT I D/OR FROM WORK, FIT I AM RECEIVING	AM ELIGIBLE FOR A AND WILL NOT DOES NOT
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	(Applicant	Signature)		(	(Date)
failure to do so may result of your request, to ensure	is information is solicited under al in disapproval of your request for your eligibility, and to prevent mis u are not listed as a carpool or va	a public transit fare benefit use of the funds involved.	. The purpose of this This information will	s information is to facil be matched with lists	itate timely processing at other Federal
Accounting Classific	cation:				
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(Signature of Approx	ving Official) (F	Printed Name of Approving	Official) (B	uilding & Room Numb	er) (Routing Symbol)
Servicing Accounting	g Office: ——	(Routing Symbol)		(Building & Ro	oom Number)
TRANSIT BENEFIT	OFFICE ACTION:				
Approved:					
(Signatur	e)		(Printed Name)	(Da	ate)
Disapproved:					
(Signatur	e)		(Printed Name)	(Da	ate)

DOT F 1700.18A (Rev. 1/93)

**EMPLOYEE** 

Name: ———	(Last)	(First)	(MI)	(Last 4 Digits	of Social Security No.)
Home Address: —		(Num)	ber/Street)		
		(14011)	our curecy		
	(City)		(Stat	e)	(Zip)
Work Address: ——	(Agency) *		(Routing	Symbol)	(Grade/Rank)
	(Building)		(Room Number)		(Phone Number)
* If an employee of the <b>UN</b>	IITED STATES COAST GUARD	, check the following:	appropria	ted non-appro	priated employee
MODE OF TRANSPO	ORTATION CURRENTLY	USED FOR COMMU	ITING:		
Drive Alone	Transit (Rail)	Com	muter (Rail)	Other _	
Carpool/Vanpool	Transit (Bus)	Com	muter (Bus)		
NAMED ON A WORKSIT PUBLIC TRANSPORTAT TRANSFER IT TO ANYO	FION: I HEREBY CERTIFY THATE E PARKING PERMIT WITH DO ION FARE BENEFIT, WILL BE NE ELSE. IN ADDITION, I CE MONTHLY COMMUTING COS	OT OR ANY OTHER FEDE USING IT FOR MY DAILY RTIFY THAT THE MONTH	RAL AGENCY. I A COMMUTE TO AN LY TRANSIT BEN	LSO CERTIFY THAT I ND/OR FROM WORK, EFIT I AM RECEIVING	AM ELIGIBLE FOR A AND WILL NOT DOES NOT
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Accounting Classifi	cation:				
Approved for Availability of Funds (Not to exceed \$60.00 per					
(Operating Admi	nistration)	(Transit Provider(s))	\$	(Monthly Cost)	\$(Annualized Cost)
(Signature of Appro	ving Official) (	Printed Name of Approving	Official) (E	Building & Room Numb	er) (Routing Symbol)
Servicing Accounting	ng Office: ——	(Routing Symbol)		(Building & R	oom Number)
TRANSIT BENEFIT	OFFICE ACTION:				
Approved:					
(Signatur	re)		(Printed Name)	(D	ate)
Disapproved:					
(Signatur	re)		(Printed Name)	(D	ate)

DOT F 1700.18A (Rev. 1/93) FUND AUTHORIZING OFFICIAL